REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee
915 Capitol Mall, Room 311
Sacramento, CA 95814
(916) 653-3255

Please complete and mail form to the above address within 15 days of issuing private activity bonds. If bonds are issued in December, please complete and mail form within 5 days of such issuance.

1.   NAME OF ISSUER:
     Address/City/State/Zip:
     Contact Person: Phone: (   )
     Title: Fax: (   )

2.   ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

3.   CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"):

4.   PRINCIPAL AMOUNT OF BONDS ISSUED: $
     AMOUNT OF CDLAC ALLOCATION USED: $
     AMOUNT OF CDLAC ALLOCATION NOT USED: $

     If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:

5.   DATE BONDS ISSUED:

6.   NAME OF BOND ISSUE:

7.   PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded):

8.   PRIVATE USER NAME:

9.   TYPE OF PROJECT:

10.   COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:

11.   CDLAC RESOLUTION NUMBER AWARDING THE ALLOCATION: #
      CDLAC APPLICATION NUMBER SHOWN ON EXHIBIT "A" OF RESOLUTION: #

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For CDLAC use only:

Agenda _____

Greensheet _____

RAT Docs _____
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(CONTINUTED ON REVERSE PAGE)

12.   PERSON TO BE BILLED FOR CDLAC FEE:
      Title: Phone: (   )

Firm: Fax: (   )
Address/City/State/Zip:

13.   UNDERWRITER/PLACEMENT AGENT:
      Address/City/State/Zip:
      Contact Person: Phone: (   )
                                                           Fax: (   )

14.   BOND COUNSEL FIRM:
      Name of Attorney:
      Address/City/State/Zip:
      Contact Person: Phone: (   )
                                                           Fax: (   )

15.   PERSON COMPLETING FORM (if different from #14 above):
      Title: Phone: (   )
      Firm/Agency: Fax: (   )
      Address/City/State/Zip:

The undersigned do hereby certify to the accuracy of the information contained herein.

_____   _____
Signature of Issuer's Representative   Signature of Bond Counsel

_____   _____
Print Name of Issuer's Representative   Print Name of Bond Counsel

Date: Date:

Rev. 10-2001